

U.S. Department of Justice  
United States Marshals Service

Case 2:06-cr-00014-WKW-SRW

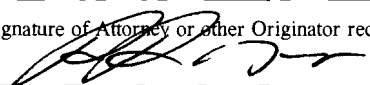
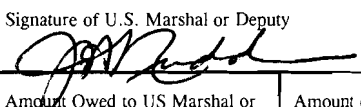
Document 50

Filed 05/24/2007

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PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>2:06CR014-WKW</b>				
DEFENDANT <b>MOSES PENNIC, III</b>		TYPE OF PROCESS <b>ORDER OF DISMISSAL</b>				
<b>SERVE ↓ AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>ONE DESERT EAGLE .40 CALIBER HANDGUN, SERIAL NUMBER 32314915</b>					
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) <b>c/o ATF&amp;E, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104</b>					
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<b>1</b>			
<b>John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197</b>		Number of parties to be served in this case				
		Check for service on U.S.A.				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)  <b>AGENCY # 776045-05-0184</b>						
Signature of Attorney or other Originator requesting service on behalf of : 		TELEPHONE NUMBER <b>(334) 223-7280</b>	DATE <b>04/24/07</b>			
<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT						
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>						
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____	
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).						
Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service <b>05-23-07</b>	Time <b>12:10</b> am <b>pm</b>	
				Signature of U.S. Marshal or Deputy 		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund

REMARKS: